

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056133	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/24/2025
NAME OF PROVIDER OR SUPPLIER West Hills Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7940 Topanga Canyon Blvd. Canoga Park, CA 91304	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on observation, interview and record review, the facility failed to ensure staff were not standing over a resident while assisting with feeding for one of three sampled residents (Resident 1). This deficient practice had the potential to affect Resident 1's self-esteem, self-worth and sense of independence. Findings: During a review of Resident 1's admission Record, the admission Record indicated the facility originally admitted Resident 1 on 7/24/2018 and readmitted Resident 1 to the facility on 4/1/2025, with diagnoses including nontraumatic intracerebral hemorrhage (refers to any form of bleeding within the skull), other forms of scoliosis (a side-to-side curve of your spine), kyphosis (excessive forward rounding of the upper back), and osteoarthritis (a progressive disorder of the joints, caused by a gradual loss of cartilage). During a review of Resident 1's Minimum Data Set (MDS - a standardized assessment and screening tool) dated 9/4/2025, the MDS indicated Resident 1's cognition (refers to conscious mental activities including thinking, reasoning, understanding, learning, and remembering) was intact. The MDS indicated Resident 1 required supervision or touching assistance from staff with eating, required partial/moderate assistance with oral hygiene, substantial/maximal assistance with personal hygiene, and dependent with toileting hygiene. During a meal observation on 11/20/2025, at 12:47 p.m., in Resident 1's room, observed the Director of Staff Development (DSD) standing over Resident 1 while assisting with feeding. During an interview on 11/20/2025 at 1:11 p.m. with the DSD, the DSD stated that she was standing while assisting Resident 1 with lunch. The DSD stated that she knows she is supposed to sit down on a chair while assisting residents with feeding to show respect to the residents. During a review of the facility's policy and procedure (P&P) titled, Assistance with Meals, review date 1/8/2025, the P&P indicated residents shall receive assistance with meals in a manner that meets the individual needs of each resident. Residents who cannot feed themselves will be fed with attention to safety, comfort and dignity, for example: a. not standing over residents while assisting them with meals. During a review of the facility's P&P titled, Dignity, review date 1/8/2025, the P&P indicated each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem.		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure prompt attempts were made to resolve the grievance for one of three sampled residents (Resident 1). This deficient practice violated Resident 1's right to have his grievance addressed. Findings: During a review of Resident 1's admission Record, the admission Record indicated the facility originally admitted Resident 1 on 7/24/2018 and readmitted Resident 1 to the facility on 4/1/2025, with diagnoses including nontraumatic intracerebral hemorrhage (refers to any form of bleeding within the skull), other forms of scoliosis (a side-to-side curve of your spine), kyphosis (excessive forward rounding of the upper back), osteoarthritis (a progressive disorder of the joints, caused by a gradual loss of cartilage) and chronic mastoiditis (a long term infection of the mastoid bone behind the ear) of the left ear. During a review of Resident 1's MDS dated [DATE], the MDS indicated Resident 1's cognition (refers to conscious mental activities including thinking, reasoning, understanding, learning, and remembering) was intact. The MDS indicated Resident 1 required supervision or touching assistance from staff with eating, required partial/moderate assistance with oral hygiene, substantial/maximal assistance with personal hygiene, and dependent with toileting hygiene. During an observation on 11/20/2025, at 10:00 a.m., 11:25 a.m., and 2:40 p.m., in Resident 1's room, Resident 1 was observed lying in bed without his hearing aids. During a concurrent observation and interview with the Social Services Director (SSD) on 11/24/2025, at 10:15 a.m., in Resident 1's room, observed Resident 1 lying in bed. The SSD stated Resident 1 was not wearing his hearing aids. During an interview on 11/24/2025 at 10:32 a.m. with Certified Nursing Assistant 1 (CNA 1), CNA 1 stated that Resident 1's hearing aids had broken a long time ago and are missing which is why Resident 1 is not wearing them. CNA 1 stated that she had reported the broken and missing hearing aids to the Social Services department. During an interview on 11/24/2025 at 10:44 a.m. with Family Member 1 (FM 1), FM 1 stated that the facility knew that Resident 1's hearing aids had been missing and broken for more than three months, and they (facility) have done nothing to address the issue. During a concurrent interview and record review on 11/24/2025 at 11:42 a.m. with the SSD, the SSD stated that missing and/or broken hearing aids should be documented in the concern log for proper follow up. The SSD reviewed the concern log for August 2025, September 2025, and October 2025 and stated that there was no documented evidence that Resident 1's hearing aids were reported as missing or broken. The SSD stated that Resident 1's missing and broken hearing aids should have been documented on the concern log as soon as the report was received so that the facility can properly track the progress of the resolution of the concern. During a review of the facility's policy and procedure (P&P) titled Grievances/Complaints, Filing, reviewed date 1/8/2025, the policy and procedure indicated residents and their representatives have the right to file grievances, either orally or in writing, to the facility staff or to the agency designated to hear grievances. The Administrator and staff will make prompt efforts to resolve grievances to the satisfaction of the resident and/or representative. Any resident, family member, or appointed resident representative may file a grievance or complaint concerning care, treatment, behavior of other residents, staff members, theft of property, or any other concerns regarding his or her stay at the facility. All grievances, complaints or recommendations stemming from resident or family groups concerning issues of resident care in the facility will be considered. Actions on such issues will be responded to in writing, including a rationale for the response. Upon receipt of a grievance and/or complaint, the Grievance Officer will review and investigate the allegations and submit a written report of such findings to the Administrator within five (5) working days of receiving the grievance and/or complaint. The grievance officer, administrator and staff will take immediate action to prevent further potential violations of resident rights while the alleged violation is being investigated. The resident, or person filing the grievance and/or complaint on behalf (continued on next page)		

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	of the resident, will be informed (verbally and in writing) of the findings of the investigation and the actions that will be taken to correct any identifying problems.		

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. Based on interview and record review, the facility failed to ensure that one of three sampled residents (Resident 1) received services and treatment for pain management by failing to obtain pain medication orders appropriate for Resident 1's pain level. This deficient practice had the potential to result in inadequate management of Resident 1's pain. Findings: During a review of Resident 1's admission Record, the admission Record indicated the facility originally admitted Resident 1 on 7/24/2018 and readmitted Resident 1 to the facility on 4/1/2025, with diagnoses including nontraumatic intracerebral hemorrhage (refers to any form of bleeding within the skull), other forms of scoliosis (a side-to-side curve of your spine), kyphosis (excessive forward rounding of the upper back), osteoarthritis (a progressive disorder of the joints, caused by a gradual loss of cartilage) and chronic mastoiditis (a long term infection of the mastoid bone behind the ear) of the left ear. During a review of Resident 1's Order Summary Report, the Order Summary Report indicated an order dated 3/31/2025 for Tylenol Extra Strength (an over-the-counter pain reliever) oral tablet 500 milligrams (mg- unit of measurement). Give 1 tablet by mouth every 6 hours as needed for mild pain (1-3 in the pain scale [a tool that healthcare professionals use to help assess a person's pain; 1-3 mild pain; 4-6 moderate pain; 7-10 severe pain]). During a review of Resident 1's Care Plan (CP) for acute (sudden or urgent pain) pain/chronic (persisting for a long time or constantly recurring) pain initiated on 9/11/2025, the CP indicated an intervention to administer pain medications per order. During a concurrent interview and record review on 11/24/2025 at 1:20 p.m. with Registered Nurse 1 (RN 1), reviewed Resident 1's Medication Administration Record (MAR- the report that serves as a legal record of the drugs administered to a resident of a facility by a health care professional). RN 1 stated that Tylenol Extra Strength was administered to Resident 1 on 11/1/2025 and on 11/9/2025 for pain level of 5/10. During an interview and record review on 11/24/2025 at 1:51 p.m. with Licensed Vocational Nurse 1 (LVN 1), Resident 1's MAR for the month of 11/2025 was reviewed. LVN 1 stated that before administering pain medication, the resident's pain should be assessed, and pain medication should be administered based on the resident's pain level. LVN 1 stated that on 11/01/2025 at 11:14 p.m., and on 11/9/2025 at 8:31 p.m. Resident 1 received Tylenol 500 mg for pain level of 5/10. LVN 1 stated that based on Resident 1's physician's orders for Tylenol 500 mg dated 3/31/2025, LVN 2 should not have administered Tylenol 500 mg and should have called Resident 1's physician to obtain an order for a stronger pain medication. During an interview on 11/24/2025 at 4:00 p.m. with the Director of Nursing (DON), the DON reviewed Resident 1's 11/2025 MAR. The DON stated that LVN 2 should have called the physician to obtain an order that is appropriate for Resident 1's pain level of 5/10. The DON stated that it is important to administer the appropriate medication so that residents do not suffer in pain. During a review of the facility's policy and procedure (P&P) titled, Pain assessment and Management, reviewed 1/8/2025, the P&P indicated the purposes of the procedure are to help the staff identify pain in a resident, and to develop interventions that are consistent with the resident's goals and needs that address the underlying cause of pain. During a review of the facility's P&P titled, Administering Medications, reviewed 1/8/2025, the P&P indicated medications are administered in a safe and timely manner, as prescribed. Medications are administered in accordance with prescriber orders. If the dosage is believed to be inappropriate or excessive for a resident, the person preparing or administering the medication will contact the prescriber, the resident's attending physician, or the facility's medical director to discuss concerns.		